UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/037,462	10/30/2001	Gene E. Myers	061128-00004	4813

33221   7590   09/20/2007

HOLLAND & KNIGHT LLP
2099 PENNSYLVANIA AVE, N.W.
WASHINGTON, DC 20006

EXAMINER
RINES, ROBERT D

ART UNIT	PAPER NUMBER
3626	

MAIL DATE	DELIVERY MODE
09/20/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

PTOL-90A (Rev. 04/07)

		Application No.	Applicant(s)
Office Action Summary		10/037,462	MYERS, GENE E.
		Examiner	Art Unit	
		Robert D. Rines	3626	

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on _30 October 2001 and 13 October 2006_.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) _1-96_ is/are pending in the application.

    4a) Of the above claim(s) _19-34, 47-76, 85-89 and 94-96_ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) _1-18, 35-46, 77-84 and 90-93_ is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _10/24/02_.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Election/Restrictions

[1]   In response to the Requirement for Restriction, mailed 23 March 2006, Applicant has

elected claims 1-18, 35-46, 77-84, 90-93, drawn to a method and/or system for a medical

provider to document and approve services and billing information substantially

contemporaneous with provision of services, classified in class 705, subclass 3 (705/3).

Notice to Applicant

[2]   This communication is in response to the patent application filed 30 October 2001 and

the Response to Restriction Requirement electing claims 1-18, 35-46, 77-84, and 90-93 filed 13

October 2006. The Information Disclosure Statement (IDS) filed 24 October 2002 has been

entered and considered. Claims 19-34, 47-76, 85-89, 94-96 have been withdrawn from

consideration. Claims 1-96 are pending.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

[3]   Claims 1-46 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Independent claim 1 of the present case recites "a processor system receiving context information about service for a patient" It is unclear whether Applicant intends to recite a user input of "context information" or if the "context information" is derived from some other undesignated source. A subsequent limitation of claim 1 recites "...in response to an approval by the service provider of a first group of the service identifier groups, receiving a first identifier belonging to the first group as further input...". It is unclear as to whether the first identifier is "received" from the service provider or from some other undesignated source. Additionally, Applicant refers to a first group and a first identifier, this is confusing as there are no subsequent groups or identifiers recited in any of the method steps. Therefore, claim 1 is rejected under 35 U.S.C. 112 as being indefinite for failing to particularly point out and distinctly claim the subject matter which the applicant regards as the invention.

Claims 2-8, when analyzed in the same manner described above with respect to claim 1, is also rejected under 35 U.S.C. 112 as being indefinite for failing to particularly point out and distinctly claim the subject matter which the applicant regards as the invention.

Independent claim 9, when analyzed in the same manner described above with respect to claim 1, contains unclear statements regarding the "receiving" of information and the identification of identifiers as "first" identifiers in the absence of any reference to a second or subsequent identifiers. Further, claim 9 is directed to "a method for a service provider to order future services..." However, the functional method steps fail to recite an actual order. The claim concludes with the " processing system storing said context information and first service category for output in connection with at least one of ordering information and billing information". Information is simply stored as a result of the claimed method steps. there is no required "order" step.

Claims 10-13, when analyzed in the same manner described above with respect to claim 9, is also rejected under 35 U.S.C. 112 as being indefinite for failing to particularly point out and distinctly claim the subject matter which the applicant regards as the invention.

Independent claim 14 is directed to "a method for generating a report...". The recited method steps fails to produce a report.

Claims 15-17, when analyzed in the same manner described above with respect to claim 9, is

also rejected under 35 U.S.C. 112 as being indefinite for failing to particularly point out and

distinctly claim the subject matter which the applicant regards as the invention.

Claim 18, recites "a processing system providing plural selectable service categories to a service

provider, in response to inputted.....information". It is unclear if the inputted information is

intended to define input by the service provider or input from some other undesignated source.

Additionally, "the processor providing plural selectable service categories....". Examiner assumes

this constitutes a data retrieval and displaying step, however, this is not clear from the claim as

presently drafted.

Claim 35 is rejected under 35 U.S.C. 112, second paragraph, as being incomplete for omitting

essential steps, such omission amounting to a gap between the steps. See MPEP § 2172.01.

Claim 35 recites multiple method step of "viewing" in each instance, there is no preceding step

of retrieving and displaying the recited data elements that are viewed. For purposes of

examination, Examiner assumes data is retrieved and displayed prior to each viewing step.

Furthermore, although Examiner assumes that the "operator" is viewing the data elements,

however, the claim is drafted in narrative form and it is unclear whether the viewing entity is the

operator or a computer or some other undesignated entity.

Claims 36-46, when analyzed in the same manner described above with respect to claim 35, is

also rejected under 35 U.S.C. 112 as being indefinite for failing to particularly point out and

distinctly claim the subject matter which the applicant regards as the invention.

Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the

basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed
in the United States before the invention by the applicant for patent or (2) a patent granted on an application for
patent by another filed in the United States before the invention by the applicant for patent, except that an
international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this
subsection of an application filed in the United States only if the international application designated the United
States and was published under Article 21(2) of such treaty in the English language.

[4]   Claims 1-3, 5-18, 35-38, 43-46, 77-84, and 90-93 rejected under 35 U.S.C. 102(e) as

being anticipated by Lewis et al. (United States Patent Application Publication #2003/0100119).

As per claim 1, Lewis et al. disclose a method for a medical service provider to document and

approve service and billing information substantially contemporaneous with the provision of

services, comprising: (a) a processing system receiving context information about services for a

patient (Lewis et al.; paragraphs [0038] [0051] [0055] [0075] NOTE: Examiner considers patient

demographic information, patient anatomical information, and anatomical interface all to be

forms of "context information"); (b) the processing system retrieving from a memory a first

category of service identifiers groups based at least in part on the context information (Lewis et al.; paragraphs [0075] [0076]), and in response to an approval by the service provider of a first group of the service identifier groups (Lewis et al.; paragraph [0081]), receiving a first identifier belonging to the first group as further input substantially contemporaneous with the provision of services by the service provider (Lewis et al.; Abstract and paragraphs [0082]-[0083] [0097]-[0098]); and (c) the processing system storing said context information and first identifier for output in connection with billing information (Lewis et al.; paragraphs [0091] [0092] [0099] [0100]).

NOTE: regarding "storing" information/identifiers, Examiner notes that Lewis discloses "adding" codes to the diagnosis field and procedure fields. As the codes a subsequently utilized in the ordering of services and ensuring compliance with payer guidelines, Examiner submits that Lewis "adding" selected codes constitute storing or saving the codes)

As per claim 2, Lewis et al. disclose a method wherein step (b) further comprises retrieving from the memory a category of patient condition identifier groups (Lewis et al.; paragraphs [0038] [0048] [0049]), and in response to an approval by the service provider of a particular group of the patient condition identifier groups, receiving a further identifier from the particular group as further input substantially contemporaneous with the provision of services by the service provider (Lewis et al.; paragraphs [0064] [0076]), wherein the particular group is determined at least in part based upon the first identifier (Lewis et al.; paragraphs [0082] [0083]); and wherein step (c) further comprises storing said further identifier for output in connection with billing

information (Lewis et al.; paragraphs [0082] [0092] [0097] NOTE: Examiner considers "adding"

codes to the list equivalent to storing).

As per claim 3, Lewis et al. disclose a method wherein the service provider is a medical doctor,

the customer is a patient, the first category is a list of related types of medical care, the first

identifier is a type of care identifier (Lewis et al.; paragraphs [0080] [0081] NOTE: Examiner

considers diagnosing and ailment to be a type of care), and the step of receiving the first

identifier comprises receiving the type of care identifier in response to a selection from the list

of related types of medical care by the medical doctor (Lewis et al.; paragraphs [0081] [0082]).

As per claim 5, Lewis et al. disclose a method wherein the first group comprises a group of

related types of medical care, and the step of receiving the list of types of medical care

comprises the processing system preselecting the group of related types of medical care based

on the context information and presenting for approval plural level of care identifiers associated

with a first type of medical care, wherein the first identifier is one of the plural level of care

identifiers (Lewis et al.; paragraphs [0080]-[0082]).

As per claim 6, Lewis et al. disclose a method wherein the category of patient condition

identifier groups is a list of diagnosis groups, the particular group comprises a list of related

condition diagnoses, and the further identifier comprises an ICD (International Classification of

Diseases) identifier associated with at least one of the list of related condition diagnoses (Lewis

et al.; paragraph [0081]).

As per claim 7, Lewis et al. disclose a method wherein step (b) further comprises providing the

service provider with plural indications associated with the ICD identifier, and receiving at least

one indication supporting the selection of the ICD identifier (Lewis et al.; paragraphs [0079]-

[0082]).

As per claim 8, Lewis et al. disclose a method further comprising selecting a non-cognitive

procedure following step (b) and substantially contemporaneous with the provision of services

by the service provider (Lewis et al.; paragraphs [0089] [0090] [0097]).

As per claim 9, Lewis et al. disclose a method for a service provider to order future services for a

particular problem substantially contemporaneous with the provision of current services to a

customer, comprising: (a) a processing system receiving context information about services for

the customer (Lewis et al.; paragraphs [0038] [0051] [0055] [0075] *see analysis claim 1); (b)

the processing system retrieving from a memory plural service identifier categories identifying

services to be rendered (Lewis et al.; paragraphs [0075] [0076] NOTE: Examiner considers code

groupings by anatomical structure to be a form of "service identifier categories"),

and, in response to an approval by the service provider (Lewis et al.; paragraphs [0081] and

[0097]), receiving a first service identifier from the plural service identifier categories as further

input substantially contemporaneous with the provision of current services by the service

provider (Lewis et al.; Abstract and paragraphs [0082]-[0083] [0097]-[0098]); and

(c) the processing system storing said context information and first service category for output in connection with at least one of ordering information and billing information (Lewis et al.; paragraphs [0082] [0091] [0092] [0099] [0100]).

As per claim 10, Lewis et al. disclose a method wherein the service provider is a medical service provider, the future services relate to a medical treatment and the particular problem concerns a medical condition (Lewis et al.; paragraphs [0096] [0097]), and the plural service identifier categories are medical treatment categories (Lewis et al.; paragraphs [0097] [0098]), and the step of receiving a first service identifier category comprises receiving an item indicative of a treatment (Lewis et al.; paragraphs [0081]-[0083]), wherein the treatment is associated with a billing code and the item is received in response to a selection of the treatment by the service provider (Lewis et al.; paragraphs [0097]).

As per claim 11, Lewis et al. disclose a method wherein the service provider is a medical service provider, the customer is a patient, the future services relate to medical procedures and the particular problem concerns a medical condition, further comprising a validation step (Lewis et al.; paragraph [0085]) following step (b) comprising: providing the medical service provider with a list of types of patient condition diagnoses associated with the first service identifier and receiving a first ICD (International Classification of Diseases) identifier associated with an ICD code in response to an approval of the first ICD identifier by the medical service provider (Lewis et al.; paragraphs [0079]-[0082]).

As per claim 12, Lewis et al. disclose a method wherein the approval of the first ICD identifier comprises selecting a diagnosis group from a list of diagnosis groups (Lewis et al.; paragraphs [0079]-[0082]), selecting a category of patient systems from a list of categories for the selected diagnosis group (Lewis et al.; paragraphs [0078] [0079]), and selecting a first diagnosis associated with the ICD code from a list of diagnoses for the selected diagnosis group (Lewis et al.; paragraphs [0081] [0082]).

As per claim 13, Lewis et al. disclose a method wherein the validation step further comprises providing the medical service provider with plural indications associated with the first ICD code (Lewis et al.; paragraphs [0083] [0097]), and receiving at least one indication supporting the selection of the first ICD identifier (Lewis et al.; paragraphs [0085]).

As per claim 14, Lewis et al. disclose a method for generating a report relating to services rendered to a customer by a service provider substantially contemporaneous with the provision of services, said method comprising the steps of: (a) generating a visual representation of the object of the services (Lewis et al.; Abstract and paragraphs [0008] [0051] [0059] [0060]); (b) selecting a first region of said visual representation which is representative of a first part of the object to which a first type of service is rendered (Lewis et al.; paragraphs [0059] [0074]); (c) determining, responsive to said selecting the first region, a first service identifier (Lewis et al; [0079]-[0082]; (d) selecting a second region of said visual representation which is representative of a second part of the object to which one of the first or a second type of service is rendered (Lewis et al.; paragraphs [0074]-[0076]); (e) determining, responsive to said selecting the second

region, a second service identifier (Lewis et al.; paragraphs [0081]-[0082]); and (f) storing the

first and second identifier for output in connection with billing information substantially

contemporaneous with the provision of services (Lewis et al.; Abstract and paragraphs [0082]

[0091] [0092] [0097] [0099] [0100] *see analysis claim 9).

As per claim 15, Lewis et al. disclose a method wherein the services are medical services and the

object is at least a part of the customer's body (Lewis et al.; paragraph [0064]), steps (a) through

(f) are carried out at a location where at least a portion of the medical services are rendered

(Lewis et al.; Abstract), and the first and second identifiers are associated with medical service

identifiers acceptable to a third party payor responsible for at least partial payment for the

medical services (Lewis et al.; paragraph [0092]).

As per claim 16, Lewis et al. disclose a method further comprising the step of verifying

compliance of said second identifier with at least a portion of a set of rules compliance with

which are required by said third party as a condition to said third party making payment for the

services to the service provider said verifying step including the step of executing an automated

process which tests information including said at least second identifier against programmed

representations of said rules (Lewis et al.; paragraphs [0092]-[0094]).

As per claim 17, Lewis et al. disclose a method further comprising, responsive to a treatment

performed at least one of the first and second parts of the object, storing a further indication of

the treatment performed (Lewis et al.; paragraph [0090]); and wherein the first and second

identifiers are associated with first and second CPT codes (Lewis et al.; paragraph [0097]).

As per claim 18, Lewis et al. disclose a method for interactive medical billing generation for use

by a single operator, comprising: (a) a processing system providing plural selectable service

categories to a service provider, in response to inputted service context information (Lewis et al.;

paragraphs [0079] [0080]); (b) the service provider selecting a first service category indicative of

substantially contemporaneous service being rendered to a patient (Lewis et al.; paragraphs

[0081]-[0082] NOTE: Examiner considers a physician making a diagnosis to be a form of

service"); (c) the processing system providing further selectable service categories based on the

first service category (Lewis et al.; paragraph [0083]), and the service provider selecting a

second service category further indicative of the service being rendered (Lewis et al.; paragraph

[0097]; (d) the processing system outputting the first and second service category together with

at least a portion of the service context information as billing information (Lewis et al.;

paragraphs [0092] [0099] [0100]).

As per claim 35, Lewis et al. disclose a method for a single operator to expediently generate a

medical claims billing report for health care services rendered by a health care service provider

to a patient, the method comprising the steps of: accessing a remote computing device via a local

computing device, said remote computing device being located remotely with respect to a

location at which the health care services are being rendered by to the patient (Lewis et al.;

paragraphs [0038] and [0043]), said local computing device being located locally with respect to

said location at which the health care services are being rendered by to the patient, said remote computing device being operably coupled to said local computing device via a computer network (Lewis et al.; Abstract and [0038] [0043]-[0044] Figs. 2 and 3b); viewing, via said local computing device, a group of service codes responsive to accessing said remote computing device, said group of service codes relating to a non-cognitive level of care recommended for the patient (Lewis et al.; paragraphs [0096] [0097]); selecting, via said local computing device, a service code from said group of service codes; responsive to selecting said service code (Lewis et al.; paragraph [0097]); viewing, via said local computing device, a group of identifiers relating to a health care condition of the patient (Lewis et al.; paragraphs [0079] [0080]); selecting, via said local computing device, at least one identifier from said group of identifiers in the event that said at least one identifier adequately relates to said health care condition of the patient (Lewis et al.; paragraphs [0081] [0082]); viewing, via said local computing device, a group of diagnostic indications relating to said non-cognitive level of care and a corresponding group of diagnostic indication identifiers (Lewis et al.; paragraphs [0080] [0081] NOTE: Examiner considers identification of anatomical structures as they relate to diagnosis and treatment to be a form of diagnostic indicators); selecting, via said local computing device, at least one diagnostic indication identifier of said group of diagnostic indication identifiers in the event that at least one diagnostic indication of said group of diagnostic indications adequately relates to said non-cognitive level of care (Lewis et al.; paragraph [0081]), said at least one diagnostic indication identifier relating to said at least one diagnostic indication (Lewis et al.; paragraphs [0079] [0080]); and responsive to selecting said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier, instructing said

remote computing device, via said local computing device, to generate said medical claims billing report based on said service code, said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier (Lewis et al.; paragraphs [0099] [0100]).

NOTE: Examiner considers the Lewis' disclosure of sending of coding information to the payer for preauthorizing payment for the ordered service a form of generating a billing report and sending the report to the payer.

As per claim 36, Lewis et al. disclose a method further comprising the step of: responsive to selecting said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier, but prior to instructing said remote computing device to generate said medical claims billing report, requesting from said remote computing device, via said local computing device, a set of minimum requirements for adequately reporting said non-cognitive level of care in accordance with federally-promulgated guidelines (Lewis et al.; paragraphs [0092] [0099] NOTE: Lewis only displays code relationships and practices that are constrained by payer, i.e., Medicare/Federal guidelines. Also see HL7 requirements); and viewing, via said local computing device, said set of minimum requirements to verify compliance of said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier with respect to said set of minimum requirements (Lewis et al.; paragraphs [0092]-[0094] [0099]).

As per claim 37, Lewis et al. disclose a method wherein at least a portion of a cost of the services is to be paid by an insurance provider and wherein said step of instructing said remote computing device to generate said medical claims billing report further comprises the step of instructing said remote computing device to automatically communicate said medical claims billing report to said insurance provider for payment (Lewis et al.; paragraph [0100]).

As per claim 38, Lewis et al. disclose a method wherein said non-cognitive level of care comprises a clinical test, the method further comprising the steps of: communicating, via said local computing device, results of said clinical test to said remote computing device (Lewis et al.; paragraphs [0052] [0097]); and instructing said remote computing device, via said local computing device, to generate a medical procedure report based at least on said results of said clinical test (Lewis et al.; paragraphs [0052] [0097] *Examiner considers the medical record to be a form of "report").

As per claim 43, Lewis et al. disclose a method wherein at least a portion of a cost of the services is to be paid by an insurance provider and wherein said service code, said at least one identifier relating to said health care condition of the patient and said at least one diagnostic indication identifier are acceptable to said insurance provider to facilitate payment by said insurance provider for at least a portion of costs associated with administering said non-cognitive level of care (Lewis et al.; paragraphs [0091] [0092]).

As per claim 44, Lewis et al. disclose a method wherein the single operator comprises the health care service provider, said group of service codes comprises International Classification of Disease (ICD) codes, said group of identifiers relating to said health care condition of the patient comprises non-cognitive Current Procedural Terminology (CPT) codes, and said group of diagnostic indications comprises diagnostic indications promulgated by the federal Health Care Financing Administration (HCFA) (Lewis et al.; paragraphs [0089] [0090]).

As per claim 45, Lewis et al. disclose a method further comprising the steps of: viewing, via said local computing device, a second group of service codes responsive to accessing said remote computing device, said second group of service codes relating to a cognitive level of care rendered to the patient (Lewis et al.; paragraph [0055] [0083]); and selecting, via said local computing device, a cognitive service code from said second group of service codes (Lewis et al.; paragraphs [0055] [0081] [0097]); wherein said step of instructing said remote computing device to generate said medical claims billing report comprises the step of instructing said remote computing device to generate said medical claims billing report based further on said cognitive service code (Lewis et al.; paragraphs [0099] [0100]).

As per claim 46, Lewis et al. disclose a method further comprising the step of: responsive to selecting said cognitive service code, but prior to instructing said remote computing device to generate said medical claims billing report, requesting from said remote computing device, via said local computing device, a set of minimum requirements for adequately reporting said cognitive level of care in accordance with federally-promulgated guidelines (Lewis et al.;

paragraphs [0091] [0092]); and viewing, via said local computing device, said set of minimum

requirements to verify compliance of selection of said cognitive service code with respect to said

set of minimum requirements (Lewis et al.; paragraphs [0083] [0092] NOTE: Lewis only

displays codes relationships that are constrained by payer, i.e., Medicare/Federal guidelines).

As per claim 77, Lewis et al. disclose a computer-readable media containing program code for

implementing a method of at least providing information necessary to generate a billing report

for services rendered by a service provider to a customer, the computer-readable media being

loadable into memory of a local computing device that is operably coupled to a computer

network (Lewis et al.; paragraphs [0038] [0043] [0044]), wherein the local computing device is

located locally with respect to a location where the services are being rendered to the customer

and wherein at least a portion of a cost of the services are to be paid by a third party (Lewis et

al.; Abstract and paragraphs [0091] [0092]), the computer-readable media comprising: program

code for accessing a remote computing device that is operably coupled to the computer network,

said remote computing device being located remotely with respect to a location where the

services are being rendered to the customer (Lewis et al.; Abstract and paragraph [0038]);

program code for receiving an entry from the service provider indicating at least one parameter

relating to the services, said at least one parameter being acceptable to the third party to identify

services for which the third party shall be at least partially responsible for payment (Lewis et al.;

paragraphs [0097] [0091] [0093]); and program code for communicating, via the computer

network, said at least one parameter to said remote computing device to facilitate generation of

the billing report (Lewis et al.; paragraph [0099] *see "order engine" and "payer constraint");

wherein said program code for accessing a remote computing device, said program code for

receiving an entry, and said program code for communicating said at least one parameter are

executed substantially during a time period when the services are being rendered to the customer

(Lewis et al.; Abstract NOTE: Lewis is directed to a point of care system).

Dependent claims 78-83 substantially repeat the limitations of method claims 1-13 and

accordingly rejected for the same reasons given for those claims.

As per claim 84, Lewis et al. disclose a wireless communication device for communicating with

a remote computing device operably coupled to a communication network, the wireless

communication device being used by a service provider to at least provide information necessary

to generate a billing report for services rendered to a customer substantially during a time period

when the services are rendered, the remote computing device being located remotely with respect

to a location where the services are being rendered by to the customer, wherein at least a portion

of a cost of the services are to be paid by a third party, the wireless communication device

comprising: a transceiver for transmitting radio signals to at least one of a local computing

device operably coupled to the communication network and a base transceiver site operably

coupled to the communication network (Lewis et al.; paragraphs [0037] [0038]), a first radio

signal of said radio signals bearing a request to access the remote computing device (Lewis et al.;

paragraph [0043]), a second radio signal of said radio signals bearing an indication of at least one

selected parameter relating to the services (Lewis et al.; paragraph [0044]), the transceiver

further receiving, responsive to said first radio signal, a third radio signal from the remote

computing device via at least one of said local computing device and said base transceiver site,

said third radio signal bearing a group of parameters relating to the services, said group of

parameters being acceptable to the third party to identify services for which the third party shall

be at least partially responsible for payment (Lewis et al.; paragraphs [0037] [0038] [0081]

[0091] [0093] [0097]); a display for presenting said group of parameters to the service provider

(Lewis et al.; paragraphs [0038] [0080]); a user interface for receiving a selection by the service

provider of at least one parameter of said group of parameters to produce said at least one

selected parameter relating to the services; and a processor, coupled to said transceiver, said

display and said user interface, for generating said request to access, for processing said at least

one selected parameter to produce said indication, and for translating said group of parameters

into a format suitable for presentment on said display (Lewis et al.; Abstract and paragraphs

[0038] [0043] [0080]).

NOTE: Regarding Applicant's claim to a first, second, and third radio signals as recited in claim

84, the applied passages of Lewis disclose a wireless link to the network (Internet) in order to

access the anatomical user interface and the associated coding elements that reside inpart on the

user computer and the server. Examiner interprets this to encompass Applicant's first, second,

and third radio signals.

As per claim 90, Lewis et al. disclose a system for a medical service provider to document and

approve service or billing information substantially contemporaneous with the provision of

services, comprising: a data store capable of storing context information about services for a

patient (Lewis et al.; paragraphs [0038] [0044] NOTE: Anatomical interface and associated

coding elements are stored on the user computer and the application server); a first processor

coupled to the data store and capable of receiving said context information from the data store

(Lewis et al.; paragraphs [0038] [0051] [0055] [0075]); a user input device coupled to the first

processor (Lewis et al.; paragraph [0038]); a first services routine operable on the first processor

and capable of retrieving from the data store a first category of service identifier groups based at

least in part on the context information (Lewis et al.; paragraphs [0075] [0076]), and in operable

in response to an approval indication from the user input device indicative of a first group of the

service identifier groups to receive a first identifier belonging to the first group as further input

substantially contemporaneous with the provision of services by a service provider (Lewis et al.;

paragraph [0081]); wherein the data store is further operable to store in response to an output

from the first services routine said context information and first identifier for output in

connection with one of the group consisting of billing and services information (Lewis et al.;

paragraphs [0091] [0092] [0099] [0100]).

As per claim 91, Lewis et al. disclose a system further comprising a second services routine

capable of retrieving from the memory a category of patient condition identifier groups, and

further operable in response to an approval by the service provider of a particular group of the

patient condition identifier groups (Lewis et al.; paragraphs [0081] [0082]), receiving a further

identifier from the particular group as further input substantially contemporaneous with the

provision of services by the service provider (Lewis et al.; paragraphs [0083] [0097]), wherein

second services routine determines the particular group at least in part based upon the first

identifier (Lewis et al.; paragraph [0083]); and wherein the data store is further operable to store

said further identifier for output in connection with billing information (Lewis et al.; paragraphs

[0092] [0099]).

As per claim 92, Lewis et al. disclose a system for a medical service provider to order future

services for a patient substantially contemporaneous with the provision of services, comprising: a

data store capable of storing context information about services for a patient (Lewis et al.;

paragraphs [0038] [0044]); a first processor coupled to the data store and capable of receiving

said context information from the data store (Lewis et al.; paragraphs [0038] [0051] [0055]

[0075]); a user input device coupled to the first processor (Lewis et al.; paragraph [0038]); a first

services routine operable on the first processor and capable of retrieving from the data store

plural service identifier categories identifying services to be rendered and operable in response to

an approval indication from a service provider using the user input device to receive a first

service identifier from the plural service identifier categories as further input substantially

contemporaneous with the provision of current services by the service provider (Lewis et al.;

paragraphs [0075] [0076] [0081]); wherein the data store is further operable to store in response

to an output from the first services routine said context information and first service category for

output in connection with at least one of ordering information and billing information (Lewis et

al.; paragraphs [0091] [0092] [0099] [0100]).

As per claim 93, Lewis et al. disclose a system for a medical service provider to generate a

report relating to services rendered to a customer by a medical service provider substantially

contemporaneous with the provision of services, comprising: a data store capable of storing

identifiers (Lewis et al.; paragraphs [0038] [0044] [0049] *see anatomical structures and codes

stored in memory); a first processor coupled to the data store and capable of outputting said

identifiers to the data store (Lewis et al.; paragraphs [0038] [0044]); a graphical user input

device coupled to the first processor (Lewis et al.; Abstract paragraph [0038] *see anatomical

interface); a first services routine operable on the first processor to control the graphical user

input device to display a visual representation of an object of the services (Lewis et al.;

paragraphs [0008] [0051] [0059] [0060]); the first services routine being operable to determine

a first service identifier in response to a selection of a first region of said visual representation

which is representative of a first part of the object to which a first type of service is rendered

(Lewis et al.; paragraphs [0059] [0074] [0079]-[0082]), and to determine a second service

identifier in response to a selection of a second region of said visual representation which is

representative of a second part of the object to which one of the first or a second type of service

is rendered (Lewis et al.; paragraphs [0074]-[0076] and [0081]-[0082]); the first services routine

being further operable to output the first and second identifier to the data store for use in

connection with billing information substantially contemporaneous with the provision of

services (Lewis et al.; paragraphs [0082] [0091] [0092] [0097] [0099] [0100]).

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in
section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are
such that the subject matter as a whole would have been obvious at the time the invention was made to a person
having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the
manner in which the invention was made.

[5]   Claims 4, 39-40, and 42 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Lewis et al. (United States Patent Application Publication #2003/0200119) in view of Doerr et

al. (United States Patent Application Publication #2002/0147614).

As per claim 4, Lewis et al disclose a method wherein the service provider is a physician, the

customer is a patient, the first identifier is a type of care identifier (Lewis et al.; paragraphs

[0080] [0081]), and the step of receiving the first identifier comprises the processing system

preselecting the type of care identifier based at least in part on the context information and

presenting the type of care identifier to the physician for approval substantially

contemporaneous with the provision of services (Lewis et al.; paragraphs [0080] [0081]).

While Lewis et al. disclose extensive context information regarding the nature of the medical

services regarding anatomical location of the ailment and associated procedures, Lewis et al.

fail to include location of services information.

However, as evidenced by Doerr et al., it is well know in the art to include location information

in the context of a medical visit (Doerr et al.; paragraphs [0047] [0048]).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to have combined the teachings of Lewis et al. with those of Doerr et al. Such combination would have been made evident under fair and reasonable rationale due to the presentation of the features and their respective functions in a manner analogous to their disclosed use in the applied references.

As per claim 39, Lewis et al. disclose a method wherein at least a portion of a cost of the services is to be paid by an insurance provider, the method further comprising the step of: instructing said remote computing device, via said local computing device, to communicate said medical procedure report to at least one of said insurance provider (Lewis et al.; paragraphs [0099] [0100]).

Lewis et al. fail to disclose a printer.

However, as evidenced by Doerr et al., the use of a network printer for printing forms and documents is well known in the art.

It would have been obvious to one of ordinary skill in the art at the time the invention was made to have combined the teachings of Lewis et al. with those of Doerr et al. Such combination would have been made evident under fair and reasonable rationale due to the presentation of the features and their respective functions in a manner analogous to their disclosed use in the applied references.

As per claims 40 and 42, while Lewis et al. disclose selection of codes for all anatomical

features of systems of the patients (Lewis et al. paragraphs [0088]-[0090]) and further, the

system/method disclosed by Lewis et al. operates in compliance with federal guidelines (Lewis

et al.; paragraph [0083]) Lewis et al. fail to disclose the use of templates or forms.

However, as evidenced by Doerr et al., the use of electronic forms or templates for data

collection is well known in the art.

It would have been obvious to one of ordinary skill in the art at the time the invention was made

to have combined the teachings of Lewis et al. with those of Doerr et al. Such combination

would have been made evident under fair and reasonable rationale due to the presentation of the

features and their respective functions in a manner analogous to their disclosed use in the

applied references.

[6]   Claim 41 is rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis et al.

(United States Patent Application Publication #2003/0200119) in view of Doerr et al. (United

States Patent Application Publication #2002/0147614) and further in view of Examiner's

Official Notice.

As per claim 41, while Doerr et al. disclose consent forms, neither Doerr nor Lewis disclose the

use of an electronic signature.

Examiner takes Official Notice that the use of electronic signatures is well-known in the art.

It would have been obvious to one of ordinary skill in the art at the time the invention was made to have combined the teachings of Lewis et al. with those of Doerr et al. and further with features well known in the art. Such combination would have been made evident under fair and reasonable rationale due to the presentation of the features and their respective functions in a manner well known to those or ordinary skill in the art.

Conclusion

[7]   The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Doctor et al., HEATLH CARE PAYMENT COMPLIANCE MANAGEMENT, United States Patent Application Publication #2002/0032584

Finn, SYSTEM AND METHOD FOR DETERMINING AND REPORTING DATA CODES FOR MEDICAL BILLING TO A THIRD PARTY PAYER, United States Patent Application Publication #2002/0120466

Strayer, SYSTEM AND SOFTWARE FOR CAPTURING AND ENCODING HEALTHCARE

SERVICES AND PROCESSING HEALTHCARE CLAIMS, United States Patent Application

Publication #2002/0123907

Boesen, POINT OF SERVICE BILLING AND RECORDS SYSTEM, United States Patent

Application Publication #2005/0125320.

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Robert D. Rines whose telephone number is 571-272-5585. The

examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the

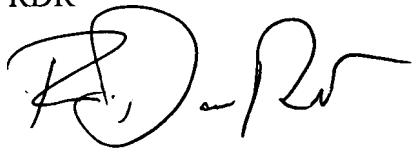organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would

like assistance from a USPTO Customer Service Representative or access to the automated

information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

RDR

9/17/07

C. LUKE GILLIGAN
PRIMARY EXAMINER
TECHNOLOGY CENTER 3600